

# Client's Life

Help the client to see their life more clearly.

- ? **WHO OR WHAT IS HOLDING YOU BACK THE MOST RIGHT NOW, AND HOW?**
- ? **HOW MUCH STRESS ARE YOU UNDER RIGHT NOW, AND WHAT IS CAUSING THE STRESS?**
- ? **WHAT ARE THE TEN THINGS THAT YOU ARE TOLERATING THE MOST?**
- ? **WHAT ABOUT YOU MAKES YOUR LIFE WORK AS WELL AS IT DOES?**
- ? **WHO ARE THE KEY PEOPLE IN YOUR LIFE AND WHAT DO THEY PROVIDE FOR YOU?**
- ? **IS YOUR LIFE ONE OF *YOUR* CHOOSING?**
- ? **IF NOT, WHICH PARTS ARE NOT?**
- ? **IS YOUR LIFE ON AN UPWARD OR DOWNWARD TREND?**
- ? **WHAT ABOUT YOUR DAY DO YOU LIKE MOST?**
- ? **WHAT ABOUT YOUR DAY DO YOU LIKE LEAST?**
- ? **WHAT ELSE, IF ANYTHING, DO YOU FEEL IS IMPORTANT TO ACCOMPLISH IN ORDER FOR YOUR LIFE TO BE FULFILLED AND COMPLETE?**

| FB092